

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Inc

Provide all known, required information. If required data field information is unknown,

DERBI - REPORT



Page# 1 of 3

143183

Part 7-010

Internal ID
1-11763032

Row 1	Reporter Name	Submission date.	Cc	
Administrative Data				
	Address		Address	
	Phone #		Phone #	
	Incident Status:	Location and date of incident	Date registrant became aware of incident.	Was incident part of larger study? <i>No</i>
	<i>New</i>	<i>Oakland Park Florida 7/23/2004</i>	<i>8/13/2004</i>	
Row 2	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	<i>62719-4</i>			
	A.I. (s)	A.I. (s)	A.I. (s)	
	<i>Sulfuryl Fluoride</i>			
	Product 1 name	Product 2 Name	Product 3 Name	
	<i>Vikane</i>			
	Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)).		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating).
Incident Circumstances	Intentional misuse? <i>No</i>			
	Applicator certified PCO? <i>Not applicable</i>	<i>Own Residence</i>		<i>See Description Notes</i>
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)			
	<i>See Incident Description</i>			

DERBI: 143183 SC *H-C*
 Report: Yes ☐ No ☐
 If no, why: _____
 Date: *8-20-04*

Brief description of incident circumstances.

8/13/2004 9:42:22 AM HX: 7/20 - Application

7/22 - Cleared for reentry

7/23- Chest pain

7/26 - migraines, unconscious, bacterial/ viral pneumonias.

Above is the hx of treatment and sequelae for 61 y.o. female friend who lived in the treated homes attic space. Could this be related?

RESPONSE: Not at all likely that these are related. Case # provided in the event that there are further questions from HC professionals.

Notified LT

8/13/2004 11:30:26 AM reviewed

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 61 Years Sex: Female Occupation (if relevant)	Exposure route: Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). HCF	List signs/symptoms/adverse effects Chest Pain (inc non-cardia) ~ 24 hrs or less , Headache - 1 week or less , Pneumonia - 1 week or less		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <p><i>Re-entry into a treated dwelling is not permitted until Vikane levels drop below 5 ppm, a level known to be well below the threshold for potential toxicity. Chloropicrin, a lacrimating warning agent, is also used with Vikane and may produce eye irritation and upper respiratory irritation. Chloropicrin would typically have dissipated by the time the tenants returned to the residence. In the absence of mucosal irritation normally expected if significant chloropicrin was left in the home, it is not likely this person's illness is in any way related to chloropicrin or Vikane.</i></p>			
			Internal ID # 1-11763032



Date: Alleged Adverse Effects Incident

Pertig - 012

E-mail to: aerc@dow.com

Date Call was Received: 08/20/04 (after 5 EDT)

Caller Name: [REDACTED]

Company: Homeowner

Street or P.O. Box: [REDACTED]

City: Los Angeles State: CA Zip Code:

Phone: [REDACTED]

Product: Vikane

Problem: [REDACTED] had her house fumigated on June 9th, 2004. The fumigator was Next Level Exterminators out of South Gate, CA. Ever since she has returned back to the home, she has had some ill effects -- such as eyes burning and eyes tearing. She also has finger tenderness and tingling when she touches countertops. She is still having ill effects 2 months later. She has seen a neurologist and he informed her that SF and Chloropicrin do leave residues and will cause ultra-sensitive individuals to experience symptoms. [REDACTED] would like to know what she can do to her home to alleviate her problems? FYI -- I did not transfer her to ProSar (emergency response team), since she has already seen a doctor.

Referred to: Barb Snowden

Sender Name: Jenny Sundquist

Sender Phone: 989-633-1728

DERBI: 143192
Report: Yes ☒ No ☐
If no, why: _____
Date: 8-23-04
SC H-C

FIFRA § 6(a)(2) Global Adverse Effects Reporting Form

FIFRA § 6(a)(2) does not require investigation of alleged incidents. Please complete this form, to the best of your ability, with the knowledge you have on any incident without further investigation. However, if you receive additional information it is your responsibility to submit a supplemental report.

Send completed forms to:e-mail: aerc@dow.comQuestions: Global AERC Administrator
(317) 337-4577mail: Dow AgroSciences
9330 Zionsville Road
Indianapolis, IN 46268
Attention: AERC-308 Building**Administrative Information**

Your Name: Jenny Sundquist

Date you became aware of the Incident: (month/day/year) 08/20/04

Reporter (person reporting incident to you):

Last Name: [REDACTED]

First Name: [REDACTED]

Street Address: [REDACTED]

City: Los Angeles

State/Country: CA

Telephone Number: [REDACTED]

Contact Person (if different from the Reporter)

Last Name:

First Name:

Street Address:

City:

State/Country:

Zip Code:

Telephone Number:

Product Information

Product(s) involved: Vikane

U.S. EPA Registration Number: 62719-4

Exposed to concentrate prior to dilution: ☐ Yes ☒ No ☐ Unknown

Exposure Information

Date of Exposure: 06/09/04

Geographical location of exposure: West Coast - California

How exposed? ☒ Direct Contact ☐ Ingestion ☐ Inhalation ☐ Spill ☐ Other _____

Brief description of alleged incident:

██████ had her house fumigated on the 9th of June by Next Level Exterminators out of South Gate, CA. Ever since she has returned to the home, she has claimed adverse effects – such as eyes tearing, eyes burning, and fingers tingling (when touching countertops, tables, etc). She claims she is ultra-sensitive to chemicals. It is now two months later and when she enters the home, she still experiences the same symptoms. She has seen a neurologist who informed her she is experiencing symptoms due to the exposure of Sulfuryl Fluoride and Chloropicrin. She believes there is still a residue in her home; Therefore, she has been 'homeless' for two months. DAS has given her Dr. Brownson's name and phone number for her doctor to contact and asked for her to call back with the info gained from the two doctors talking. To date no call back to the rep, Barb Snowden.

Application Circumstances

Evidence label directions were not followed: ☒ Yes ☐ No ☐ Unknown

Application was made by:

☒ Pest Control Operator ☐ Lawn Care Operator ☐ Homeowner ☐ Other _____

Circumstances regarding application:

Type of incident: ☒ Human ☐ Domestic Animal ☐ Fish/Wildlife (Fill out the appropriate attached page)

Alleged Human Exposure

Clarify how many people are involved with the alleged exposure:		one
Age, if known, adult or child:	<input type="checkbox"/> Child	<input checked="" type="checkbox"/> Adult
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
If female, is she pregnant?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Occupation (if related to use of product):		
Was protective clothing worn: <input type="checkbox"/> Yes <input type="checkbox"/> No Not applicable		
How many workdays were lost due to illness:		
Route of exposure:	<input type="checkbox"/> Skin	<input checked="" type="checkbox"/> Eye <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Unknown
ALLEGED		
Was alleged adverse effect a result of: <input type="checkbox"/> Suicide/Homicide <input type="checkbox"/> Attempted suicide/homicide <input checked="" type="checkbox"/> N/A		
Time between exposure and onset of symptoms: (hr/day/min) After the fumigation was complete and cleared for re-entry		
Symptoms experienced: eyes tearing, eyes burning, and fingers tingling		
Type of medical care sought: Alleges that she has seen a doctor		
Laboratory test results: (attach copy if available)		
Explanatory or qualifying information surrounding the incident:		

Treating Physician's Information

Last Name:	First Name:
Street Address:	

City:	State/Country:	Zip Code:
Telephone Number:		

Alleged Fish, Wildlife, Plant, or Non-Target Organism Exposure

Species affected:
Number of individuals per species:
List of symptoms or adverse effects:
Magnitude of the effect: (examples include: miles of stream, square area of terrestrial habitat)
If plant, plant type: (examples include: forest forage, orchard, home garden, ornamentals)
Pesticide method of application and rate:
Laboratory results: (attach lab report if available)
Description of the habitat and the circumstances under which the incident occurred:
Distance from treatment site to exposed site:
Explanatory or qualifying information surrounding the incident:

Alleged Domestic Animal Exposure

Type of animal: (examples include: bovine, equine, avian, poultry, canine, feline)	
How many involved:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Age: Weight (lb/kg):
Route of exposure: <input type="checkbox"/> Skin <input type="checkbox"/> Eye <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Unknown	
Time between exposure and onset of symptoms: (hr/day/min)	
Symptoms experienced:	
Did a veterinarian treat animal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Laboratory test results: (attach copy if available)	
Explanatory or qualifying information surrounding the incident:	

Treating Veterinarian Information

Last Name:		First Name:	
Street Address:			
City:	State/Country:		Zip Code:
Telephone Number:			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Inc
Provide all known, required information. If required data field information is unknown,



age# 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	C	
Administrative Data	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Arroyo Grande California 8/17/2004</i>	Date registrant became aware of incident. <i>8/18/2004</i>	Was incident part of larger study? <i>No</i>
Row 2	EPA Registration # (Product 1) <i>62719-4</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) <i>Sulfuryl Fluoride</i>	A.I. (s)	A.I. (s)	
	Product 1 name <i>Vikane</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Description Notes</i>	
Incident Circumstances	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>			

Pedig - 013

DERBI: 143197
Report: Yes ☒ No ☐
If no, why: _____
Date: *8-25-04*

SC *H-C*

Brief description of incident circumstances.

8/18/2004 11:14:59 AM Vikane

Hx: Caller states that his neighbors house was tented and he slept with his windows open last night. He thinks there may have been a leak in the tent since he woke up this morning with chest pain and tightness, he is also very anxious. His BP is elevated - unsure of number and his HR is 100. He is wondering if the gas could float over to his house and cause these sx. He is driving in his car with a breathing tx machine and his sx are continuing

A: Told caller to go to the hospital if he felt like he could drive there or call for assistance. Do not think that breathing in small amounts of the gas could produce sx as described. If you were exposed to the gas in the house in a signifant amount would expect that you would have ocular and resp irriation due to the waring agent that they use which acts similar to tear gas. Since this didn't happen there is likely something else going on. IF the MD's have any questions regarding the product they are welcome to call here.

Emailed LT

8/18/2004 11:52:43 AM Case reviewed.

8/19/2004 1:24:59 PM Left message, case & tele #s.

8/20/2004 2:29:42 PM Left message, case & tele #s.

8/20/2004 4:32:09 PM [REDACTED] called back.

Caller states his systolic read error on machine, diastolic 101 mm Hg when he first called PROSAR. The cay he called he went out to restaurant and then to antique store. After a short time away from home, sym dissipated. Sym lasted less than 8 hrs and caller did not seek medical tx.

Personal privacy

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 61 Years Sex: Male Occupation (if relevant)	Exposure route: Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site	List signs/symptoms/adverse effects Chest Pain (inc non-cardia) - 24 hrs or less , Agitated/irritable - 24 hrs or less , Tachycardia - 24 hrs or less , Hypertension - 24 hrs or less		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <p>Likelihood of exposure to significant amounts of Vikane or chloropicrin in an unattached residence adjacent to another residence being fumigated is highly unlikely. The vikane and chloropicrin escaping the fumigated structure would be immediately dispersed into the atmosphere upon their release resulting in immeasurable concentrations well below the threshold for toxicity.</p>			
			Internal ID # 1-11781480

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects In:
Provide all known, required information. If required data field information is unknown,



Page# 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	C	143218 <i>Pctg -017</i>	Internal ID 1-11800512
Administrative Data	Address <i>Miami Florida</i>		Address		
	Phone # [REDACTED]		Phone #		
	Incident Status: <i>New</i>	Location and date of incident <i>Miami Florida Chronic</i>	Date registrant became aware of incident. <i>8/23/2004</i>	Was incident part of larger study? <i>No</i>	
Row 2	EPA Registration # (Product 1) <i>62719-4</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)		
Pesticide(s) Involved	A.I. (s) <i>Sulfuryl Fluoride</i>	A.I. (s)	A.I. (s)		
	Product 1 name <i>Vikane</i>	Product 2 Name <i>Chloropicrin</i>	Product 3 Name		
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		
	Formulation	Formulation	Formulation		
Row 3	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Description Notes</i>		
Incident Circumstances	Applicator certified PCO? <i>Not applicable</i>				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>				

DERBI: 143218
Report: Yes ☒ No ☐
If no, why: _____
Date: *9-1-04*

54

Personal privacy

Brief description of incident circumstances.

8/23/2004 12:23:38 PM Hx: Caller states that her house was treated with the two products. They were cleared to reenter the house on 8/20 but didn't go back in until 8/21. The 1st day all three had dizziness, accompanied by nausea and eye irritation. They proceeded to open windows and ventilate the house. The eye irritation was gone by 8/21 for all three as well as the nausea in her children. She states that she is still nauseated and all three are feeling dizzy. She notices these sx more when going into rooms with poor ventilation. She has placed a call to the PCO and is awaiting a response.

A: Told caller that fresh air would be enough to get rid of the sx. Typically the vikane is long gone by this point if they did allow you to reenter the house. The chloropicrin can hang around longer and is likely causing your sx. Rec having the PCO come over and recheck your house to make sure everything is ok, they may want you to more actively ventilate the house, but should come over and check. CB prn with questions

8/25/2004 2:48:41 PM LM to cb on machine.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 46 Years Sex: Female Occupation (if relevant)	Exposure route: Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site	List signs/symptoms/adverse effects Dizziness/vertigo - 15 min or less , Nausea - 15 min or less , Ocular Irritation/pain - 15 min or less		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Re-entry into a treated dwelling is not permitted until Vikane levels drop below 5 ppm, a level known to be well below the threshold for potential toxicity. Chloropicrin, a lacrimating warning agent, is also used with Vikane and may produce eye irritation and upper respiratory irritation. Chloropicrin would typically have dissipated by the time the tenants returned to the residence.

Internal ID #
1-11800512

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 14 Years Sex: Male Occupation (if relevant)	Exposure route: Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site	List signs/symptoms/adverse effects Dizziness/vertigo - 15 min or less , Nausea - 15 min or less , Ocular Irritation/pain - 15 min or less		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Re-entry into a treated dwelling is not permitted until Vikane levels drop below 5 ppm, a level known to be well below the threshold for potential toxicity. Chloropicrin, a lacrimating warning agent, is also used with Vikane and may produce eye irritation and upper respiratory irritation. Chloropicrin would typically have dissipated by the time the tenants returned to the residence.

Internal ID #
1-11800512

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 18 Years Sex: Female Occupation (if relevant)	Exposure route: Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site	List signs/symptoms/adverse effects Dizziness/vertigo - 15 min or less , Nausea - 15 min or less , Ocular Irritation/pain - 15 min or less		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Re-entry into a treated dwelling is not permitted until Vikane levels drop below 5 ppm, a level known to be well below the threshold for potential toxicity. Chloropicrin, a lacrimating warning agent, is also used with Vikane and may produce eye irritation and upper respiratory irritation. Chloropicrin would typically have dissipated by the time the tenants returned to the residence.

Internal ID #
1-11800512

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incidents

Provide all known, required information. If required data field information is unknown, do not leave blank.

DERBI - REPORT



e# 1 of 3

143221

Perth 020

Internal ID
1-11810725

Personal privacy

Row 1	Reporter Name	Submission date.	Con.	Internal ID
Administrative Data	[Redacted]			1-11810725
	Address	Address		
	San Dimas California			
	Phone #	Phone #		
	[Redacted]			
	Incident Status:	Location and date of incident	Date registrant became aware of incident.	Was incident part of larger study? No
	New	San Dimas California 7/31/2004	8/25/2004	
Row 2	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	62719-4			
	A.I. (s)	A.I. (s)	A.I. (s)	
	Sulfuryl Fluoride			
	Product 1 name	Product 2 Name	Product 3 Name	
	Vikane			
	Exposed to concentrate prior to dilution? No	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? Yes	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)).	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating).	
Incident Circumstances	Intentional misuse? Yes			
	Applicator certified PCO? Not applicable	Own Residence	See Description Notes	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)			
	See Incident Description			

DERBI: 143221
 Report: Yes ☒ No ☐
 If no, why: _____
 Date: 9-1-04

65

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 62 Years Sex: Male Occupation (if relevant)	Exposure route: Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site	List signs/symptoms/adverse effects Shortness of breath - 3 days or less	If lab tests were performed, list test names and results (If available, submit reports) None Reported	
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Re-entry into a treated dwelling is not permitted until Vikane levels drop below 5 ppm, a level known to be well below the threshold for potential toxicity. Chloropicrin, a lacrimating warning agent, is also used with Vikane and may produce eye irritation and upper respiratory irritation. Chloropicrin would typically have dissipated by the time the tenants returned to the residence.

Internal ID #
1-11810725

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 49 Years Sex: Female Occupation (if relevant)	Exposure route: Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site	List signs/symptoms/adverse effects Shortness of breath - 3 days or less , Cough/choke - 3 days or less		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Re-entry into a treated dwelling is not permitted until Vikane levels drop below 5 ppm, a level known to be well below the threshold for potential toxicity. Chloropicrin, a lacrimating warning agent, is also used with Vikane and may produce eye irritation and upper respiratory irritation. Chloropicrin would typically have dissipated by the time the tenants returned to the residence.

Internal ID #
1-11810725